



1632 / 6

AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: 066054-669 (P-LJ 4859)
SERIAL NO: 09/922,427	FILING DATE: August 2, 2001	EXAMINER: S. Priebe	GROUP ART UNIT: 1632
INVENTION: METHOD OF IDENTIFYING MOLECULES THAT HOME TO A SELECTED ORGAN IN VIVO			

TO COMMISSIONER FOR PATENTS

RECEIVED

MAY 01 2003

TECH CENTER 1600/2900

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on April 22, 2003.

By: Andrea L. Gahler
Andrea L. Gahler, Reg. No. 41,029

April 22, 2003
Date of Signature

Transmitted herewith is a Response to the Office Action mailed November 5, 2002, with attached Exhibits A, B, C and D, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ DECLARATION PURSUANT TO 37 C.F.R. § 1.132 with attached Table 1 and Figures 1-6.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	15	-	20	-	0	x	\$4	\$18	=	\$	\$
INDEPEN- DENT CLAIMS	2	-	3	-	0	x	\$12	\$84	=	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		NO		\$140	\$280	=	\$	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: Ruoslahti and Pasqualini
Serial No.: 09/922,227
Filed: August 2, 2001
Page 2

- X Please charge my Deposit Account No. 50-2624 the amount of \$455.00, which covers the fee for a three-month extension of time. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ is enclosed, \$ of which covers the fee for a -month extension of time.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 50-2624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 50-2624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Andrea L. Gashler

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